

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

**ALKESHKUMAR PATEL, M.D.**

Holder of License No. 35747  
For the Practice of Allopathic Medicine  
In the State of Arizona

Case No. MD-08-1285A

**CONSENT AGREEMENT FOR  
LETTER OF REPRIMAND**

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Alkeshkumar Patel, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that she has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other  
2 pending or future investigation, action or proceeding. The acceptance of this Consent  
3 Agreement does not preclude any other agency, subdivision or officer of this State from  
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject  
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this  
7 matter and any subsequent related administrative proceedings or civil litigation involving  
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
9 or made for any other use, such as in the context of another state or federal government  
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to  
13 the Board's Executive Director, Respondent may not revoke the acceptance of the  
14 Consent Agreement. Respondent may not make any modifications to the document. Any  
15 modifications to this original document are ineffective and void unless mutually approved  
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not  
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes  
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will  
21 be publicly disseminated as a formal action of the Board and will be reported to the  
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise  
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force  
25 and effect.

1           11. Any violation of this Consent Agreement constitutes unprofessional conduct  
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,  
3 probation, consent agreement or stipulation issued or entered into by the board or its  
4 executive director under this chapter") and 32-1451.

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ALKESHKUMAR PATEL, M.D.

DATED: 4/28/09

## FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 35747 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-08-1285A after receiving a complaint regarding Respondent's care and treatment of an eight-four year-old female patient ("GH").

4. On November 8, 2007, GH was found on the bathroom floor with altered mental status and complaining of right upper extremity pain. GH was subsequently transported to the hospital and the triage nurse noted that GH was confused, somnolent, and disoriented. Thereafter, Respondent evaluated GH; however, his initial notation was illegible. There also was no documented skin or neurological exam. GH's lab studies were negative for any acute problems with the exception of an electrocardiogram that showed atrial fibrillation. GH was given two doses of Morphine and Zofran and later discharged with a diagnosis of right upper extremity pain, atrial fibrillation, hypertension and cerebrovascular accident.

5. The following morning, GH was seen in the clinic and referred back to the hospital for an arterial occlusion of the right upper extremity. The nurse documented that GH's hand was cold and purple. GH was subsequently transferred to the medical center where she underwent vascular surgery. Postoperatively, GH's pulse was restored, but the limb could not be salvaged and was amputated. GH was later discharged to rehabilitation.

6. The standard of care requires an ER physician to consider the potentially serious causes for an elderly patient with multiple medical problems, altered mental status and extremity pain out of proportion to the physical exam findings.

7. Respondent deviated from the standard of care because he did not consider the potentially serious causes for GH's altered mental status and extremity pain out of proportion to the physical exam findings.

8. GH suffered extremity ischemia that lead to a forearm amputation and she could have suffered possible syncope because of her cardiovascular risk factors.

A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because his notation was illegible and there was no documented skin or neurological exam.

## CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) (“[f]ailing or refusing to maintain adequate records on a patient.”) and A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.”).

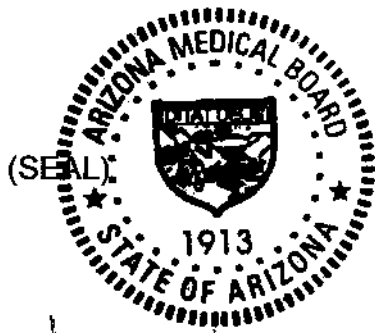
## ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. This Order is the final disposition of case number MD-08-1285A.

DATED AND EFFECTIVE this 4<sup>th</sup> day of June, 2009.



ARIZONA MEDICAL BOARD

By Amadea Pichl  
for Lisa S. Wynn  
Executive Director

5 ORIGINAL of the foregoing filed  
this 4<sup>th</sup> day of June, 2009 with:

6 Arizona Medical Board  
7 9545 E. Doubletree Ranch Road  
8 Scottsdale, AZ 85258

9 EXECUTED COPY of the foregoing mailed  
this 4<sup>th</sup> day of June, 2009 to:

10 Alkeshkumar Patel, M.D.  
11 Address of Record

12 Karyda Corley  
13 Investigational Review